PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/597,677			ing Date 19/2007	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛				HER THAN
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
⊠	BASIC FEE		N/A	LED INO	N/A		N/A	75	١	N/A	1 LL (0)
$\overline{}$	(37 CFR 1.16(a), (b), SEARCH FEF	or (c))	N/A		21/4					L	
H	(37 CFR 1.16(k), (j), (N/A		N/A		N/A		ı	N/A	
TO	(37 CFR 1.16(o), (p),		N/A		N/A		N/A			N/A	
(37	CFR 1.16(i))		minus 20 =		*		x \$ =		OR	x s =	
	EPENDENT CLAIM CFR 1.16(h))		minus 3 = *			1	x \$ =			x \$ =	
	APPLICATION SIZE 37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 :	gs exceed 100 n size fee due for each n thereof. See CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									ı		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL	75	ı	TOTAL	
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY			
AMENDMENT	03/15/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18())	• 14	Minus	 20	= 0		X \$26 =	0	OR	x s =	
	Independent (37 CFR 1.16(h))	• 1	Minus	 3	= 0	1	X \$110 =	0	OR	x s =	
	Application Size Fee (37 CFR 1.16(s))										
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
Г							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
ENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(1))		Minus			l	x \$ =		OR	x s =	
Δ	Independent (37 CFR 1.16(h))		Minus	***]	x \$ =		OR	x \$ =	
AMENDMENT	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
" if the entry in column 1 is less than the entry in column 2, write "0" in column 3. " if the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Hichest Number Previously Paid For" [Cotal or independent) is the highest number found in the appropriate box in column 1.											

This collection of information is equated by 37 CTR 1.10. The information is required to obtain or retain a beautiful by the public which is in 56 feat by the USPTO to moderable any individual control of the property of the CTR 1.10. This collection is estimated to state 2 remained to complete is evolved in patients; and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for motioning this burdon, about the second to sent the this CTR information Officer. U.S. Patient and Trademark Office, U.S. Department of Commence, D.O. Box 1450, Alexandrius, VA 22131-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO C. Commissioner for Patients p. P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO C. Commissioner for Patients p. P.O. Box 1450, Alexandrius, VA 22313-1450.